

CLAIMS ONLY							Application/Number 10/66/6666		Filing Date			
							Applicant(s)					
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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2		1										
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Total Indep	3											
Total Depend	12											
Total Claims	15											
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